



PROJECT

RADAR

**A VDH Initiative to Promote Intimate Partner Violence Assessment,
Intervention, & Prevention For Health Care Providers**

www.ProjectRadarVA.com

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This brochure is intended to provide health care professionals with model strategies and recommendations on responding to intimate partner violence. We recognize that, in practice, individual providers and/or institutions may have specific limitations or needs to consider, and, therefore, would request that you tailor the policies, guidelines, and tools provided to your particular environment. New resources are being added to the program's website, www.ProjectRadarVA.com, on a regular basis. We hope that you will check often for materials most appropriate for you and your patients.



Goals

Intimate Partner Violence is a Public Health Problem...

- 20-30% of women are abused by a partner at some point in their lives.
- In Virginia, half of all adult female homicide victims are killed by intimate partners.
- In addition to injuries sustained by victims as a result of violent episodes, abuse is linked to: arthritis, chronic neck or back pain, migraines, gastrointestinal problems, sexually transmitted diseases, pregnancy complications, and substance abuse.
- Intimate partner violence costs the U.S. approximately \$4 billion each year in direct medical costs.

...that Health Care Providers Can Play a Critical Role in Preventing.

- 44-47% of women killed by their intimate partners have been seen by a health care provider in the year prior to their deaths.
- Routine inquiry sends a message that domestic violence is an important health care issue and provides an opportunity to educate patients about the warning signs of an abusive relationship.

Through the RADAR initiative, the Center for Injury & Violence Prevention at the Virginia Department of Health will enable Virginia's health care providers to recognize and respond to intimate partner violence (IPV) by providing them access to:

"Best-Practice" Policies,
Guidelines, and
Assessment Tools

Training Programs and
Specialty-Specific Curricula

Awareness and
Educational Materials

Current Research Findings on
Intimate Partner Violence



Intimate partner violence (IPV) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over another.

RADAR Action Steps for Health Care Providers

Routinely inquire about current and past violence

- » Ask even if physical indicators are absent
- » Use private setting/space

Ask direct questions

- » Validate and be non-judgmental
- » Use culturally/linguistically appropriate language

Document findings

- » Include any description of incident
- » Use body map
- » File reports when required under law

Assess safety

- » Escalation in frequency/severity of violence
- » Threats of homicide/suicide
- » Weapons used or available

Revue options and referrals

- » Become familiar with a variety of resources
- » Let the patient decide what is the safest option

Suggested Assessment Questions and Strategies

Framing Questions:

- "Because violence is so common in many people's lives, I've begun to ask all of my patients about it."
- "I am concerned that your symptoms may have been caused by someone hurting you."
- "I don't know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely."

Direct Verbal Questions:

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Did someone cause these injuries? Was it your partner/husband?"
- "Has your partner or ex-partner ever hit or physically hurt you?"
- "Do you (or did you ever) feel controlled or isolated by your partner?"
- "Do you ever feel afraid of your partner? Do you feel you are in danger?"
- "Is it safe for you to go home?"
- "Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?"
- "Has any of this happened to you in previous relationships?"

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Cultural Competence

It is important to be aware of cultural differences in terminology, verbal and non-verbal communication patterns and cues, etc. Be willing to adapt your assessment strategies and questions so that they are relevant to individual patients.

Use your patient's language:

"Does your boyfriend disrespect you?"

Be aware that your patient may not be independent and free to make individual choices:

"How will your family and community react if you tell someone about the violence?"

Focus on behaviors rather than using labels such as batterer or victim:

"Has your partner ever hit, shoved, or threatened to kill you?"



Reinforce the patient's own autonomy in making decisions regarding safety

When the Patient Discloses Abuse: Next Steps

Documentation

Health care providers authorized to record in the medical record should document:

- Patient's statements about relationship, injuries, and violent event(s);
- Relevant history of chief complaint, present and past illness/injuries, and other abuse-related medical problems;
- Results of physical examination, using body map and/or photographs to supplement written description;
- Laboratory and other diagnostic procedures;
- Results of health and safety assessments, intervention, and referrals.

Safety Planning

- Contact a local advocacy program or the Virginia Family Violence & Sexual Assault hotline for brochures on safety planning; offer this resource to patients and review it with them.
- Offer immediate access to an advocate in person or by phone.
- Review ideas about keeping information private and safe from abuse.

Referrals to Resources

- Describe support/advocacy programs that are available within the health care setting.
- Be familiar with and offer the patient a choice of available referrals including anonymous hotlines, on-site advocates, social workers, or local domestic violence programs.



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Unique Needs

Be aware of unique needs that your patients may have because of age, race, ethnicity, language, literacy, sexual orientation, or mental or physical disability. Make referrals to organizations prepared to address these needs or that specialize in working with specific populations.

In Virginia, contact the
Family Violence & Sexual
Assault Hotline at

1-800-838-8238 (v/tty)

for assistance locating
appropriate referral resources.



Follow-Up and Continuity of Care

After disclosure of current or past abuse, **at least one follow-up appointment** with a health care provider, social worker, or victim advocate should be offered. At follow up visits with patients currently in violent relationships, providers should:

- Review the medical record and ask about current and past episodes of IPV;
- Express concern and assess safety and coping or survival strategies;
- Reiterate options for safety planning, advocacy services, housing, etc.

When a Patient Does Not Disclose IPV Victimization:

- Document that the assessment was conducted and that the patient did not disclose abuse.
- If you suspect abuse, document your reasons for concerns: i.e. "physical findings are not congruent with history or description," or "patient presents with indications of abuse."

Related Reporting Mandates in Virginia



Child Abuse

Health care providers are required to make an *immediate* report to *child protective services* whenever they, in their professional or official capacity, have *reason to suspect* that a child is abused or neglected. (Code of Virginia § 63.2-1509)

Elder Abuse

Health care providers are required to make an *immediate* report to *adult protective services* when they have determined that there is *reason to suspect* abuse, neglect, or exploitation of adults over the age of 60. (Code of Virginia § 63.2-1606)

Certain Wounds

Physicians or others providing medical aid or treatment are required to make a report *as soon as practicable* to their local *law enforcement agency* whenever they *know or have reason to believe* that a wound has been inflicted by *specific weapons* such as firearms or knives. (Code of Virginia § 54.1-2967 & § 18.2-308)



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For more information on Project RADAR,
please contact:

Medical Outreach Coordinator
Center for Injury & Violence Prevention
Virginia Department of Health
109 Governor Street, 8th Floor
Richmond, VA 23219
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www.ProjectRadarVA.com



VDH would like to acknowledge the following individuals and organizations for their contributions to the information provided in this brochure:

Jacquelyn C. Campbell, PhD., RN - Danger Assessment Tool

Barbara J. Parker, PhD., RN, FAAN - Abuse Assessment Screen

Family Violence Prevention Fund - National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings

Massachusetts Medical Society - RADAR Action Steps for Health Care Providers



ABUSE ASSESSMENT SCREEN

1) Have you ever been emotionally or physically abused by your partner or someone important to you?

Yes ☐ No ☐
 If yes by whom? _____
 Total number of times _____

2) Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?

Yes ☐ No ☐
 If yes by whom? _____
 Total number of times _____

3) Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

Yes ☐ No ☐
 If yes by whom? _____
 Total number of times _____

4. Within the last year, has anyone forced you to have sexual activities?

Yes ☐ No ☐
 If yes by whom? _____
 Total number of times _____

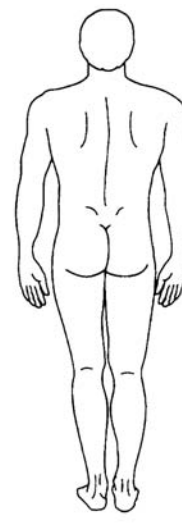
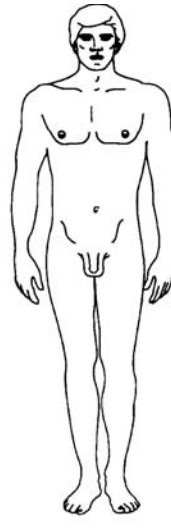
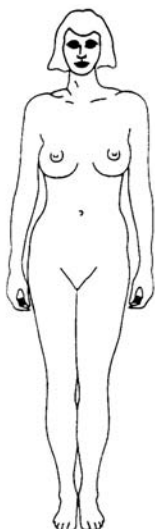
5. Are you afraid of your partner or anyone you listed above?

Yes ☐ No ☐

MARK THE AREA OF INJURY ON A BODY MAP AND SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

If any of the descriptions for the higher number apply, use the higher number.

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts, and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon



DANGER ASSESSMENT TOOL

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

USING THE CALENDAR, PLEASE MARK THE APPROXIMATE DATES DURING THE PAST YEAR WHEN YOU WERE BEATEN BY YOUR HUSBAND OR PARTNER. WRITE ON THAT DATE HOW BAD THE INCIDENT WAS ACCORDING TO THE FOLLOWING SCALE:

1. Slapping, pushing; no injuries and/or lasting pain
 2. Punching, kicking; bruises, cuts, and/or continuing pain
 3. "Beating up"; severe contusions, burns, broken bones
 4. Threat to use weapon; head injury, internal injury, permanent injury
 5. Use of weapon; wounds from weapon
- (If any of the descriptions for the higher number apply, use the higher number).

MARK YES OR NO FOR EACH OF THE FOLLOWING. ("HE" REFERS TO YOUR HUSBAND, PARTNER, EX-HUSBAND, EX-PARTNER, OR WHOEVER IS CURRENTLY PHYSICALLY HURTING YOU.)

- _____ 1. Has the physical violence increased in frequency over the past year?
- _____ 2. Has the physical violence increased in severity over the past year and/or has a weapon or threat from a weapon ever been used?
- _____ 3. Does he ever try to choke you?
- _____ 4. Is there a gun in the house?
- _____ 5. Has he ever forced you to have sex when you did not wish to do so?
- _____ 6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
- _____ 7. Does he threaten to kill you and/or do you believe he is capable of killing you?
- _____ 8. Is he drunk every day or almost every day? (In terms of quantity of alcohol).
- _____ 9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you do not let him, check here): _____
- _____ 10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: _____)
- _____ 11. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can").
- _____ 12. Have you ever threatened or tried to commit suicide?
- _____ 13. Has he ever threatened or tried to commit suicide?
- _____ 14. Is he violent toward your children?
- _____ 15. Is he violent outside of the home?

Total "Yes" Answers _____

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Jacquelyn C. Campbell, Ph.D., R.N. Copyright 1985, 1988

SAFETY PLAN

Step 1: Safety during a violent incident. I can use some or all of the following strategies:

- A. If I have/decide to leave my home, I will go _____.
- B. I can tell _____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.
- C. I can teach my children how to use the telephone to contact the police.
- D. I will use _____ as my code word so someone can call for help.
- E. I can keep my purse/car keys ready at (place) _____, in order to leave quickly.
- F. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety when preparing to leave. I can use some or all of the following safety strategies:

- A. I will keep copies important documents, keys, clothes and money at _____.
- B. I will open a savings account by _____, to increase my independence.
- C. Other things I can do to increase my independence include: _____.
- D. I can keep change for my phone calls on me at all times. I understand that if I use my telephone credit card, the telephone bill will show my partner those numbers that I called after I left.
- E. I will check with _____ and my advocate to see who would be able to let me stay with them or lend me some money.
- F. If I plan to leave, I won't tell my abuser in advance face-to-face, but I will call or leave a note from a safe place.

Step 3: Safety in my own residence. Safety measures I can use include:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install additional locks, window bars, poles to wedge against doors, and electronic systems etc.
- D. I can install motion lights outside.
- E. I will teach my children how to make a collect call to _____ if my partner takes the children.
- F. I will tell people who take care of my children that my partner is not permitted to pick up my children.
- G. I can inform _____ (neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4. Safety with a protection order. The following are steps that help the enforcement of my protection order.

- A. Always carry a certified copy with me and keep a photocopy.
- B. I will give my protection order to police departments in the community where I work and live.
- C. I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal.

DISCHARGE INSTRUCTIONS

If you are currently being abused...

Are you here as a result of someone hitting or threatening you—a spouse, boyfriend, lover, relative or someone you know? Have you been sexually abused by someone you know? As you read this, you may be feeling confused, frightened, sad, angry or ashamed. **You are not alone!** Unfortunately, what happened to you is very common. Domestic violence does not go away on its own. It tends to get worse and more frequent with time. There are people who can help you. If you want to begin talking about the problem, need a safe place to stay or want legal advice—call one of the agencies listed on the back of this instruction sheet today.

While still at the clinic...

- Think about whether it is safe to return home. If not, call one of the resources listed on the back of this instruction sheet or stay with a friend or relative.
- You have received instructions on caring for your injuries and taking medications prescribed. Remember, if you have received tranquilizers they may help you rest but they won't solve the problem of battering.
- Battering is a crime and you have the right to legal intervention. You should consider calling the police for assistance (see information on back of this sheet). You may also obtain a court order prohibiting your partner from contacting you in any way (including in person or by phone). Contact a local DV program or an attorney for more information.
- Ask the doctor or nurse to take photos of your injuries to become part of your medical record.

When you get home...

- Develop an “exit plan” in advance for you and your children. Know exactly where you could go even in the middle of the night—and how to get there.
- Pack an “overnight bag” in case you have to leave home in a hurry. Either hide it yourself or give it to a friend to keep for you.
- Pack toilet articles, medications, an extra set of keys to the house and car, an extra set of clothing for you and your children, and a toy for each child.
- Have extra cash, loose change for phone calls, checkbook, or savings account book hidden or with a friend.
- Pack important papers and financial records (the originals or copies), such as social security cards, birth certificates, green cards, passports, work authorization and any other immigration documents, voter registration cards, medical cards and records, drivers license, rent receipts, title to the car and proof of insurance, etc.
- Notify your neighbors if you think it is safe.



The Virginia Family Violence & Sexual Assault Hotline is available to provide confidential crisis intervention, counseling, and referral services to victims of sexual and domestic violence 24 hours a day. If you identify a patient in need of advocacy services and are unfamiliar or uncomfortable with the availability of your local resources, provide the statewide hotline number on the cards below as a confidential and accessible resource.

1.800.838.8238 (V/TTY)	1.800.838.8238 (V/TTY)
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